



Good Samaritan Hospital Foundation

A part of Good Samaritan Health Systems

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Office of the Secretary
Federal Communications Commission
Washington, D.C. 20554

Thank you for the opportunity to comment on the proposed activities to implement the Telecommunications Act of 1996. Excessive line charges are the greatest threat to the sustenance of our telemedicine network, and we are vitally interested the implementation of a system that will help assure its survival.

The guarantee of a minimum baseline of service at an affordable rate is necessary for the survival not only of our telemedicine network, but also for the further implementation of advanced technology for our health care systems here in rural Nebraska. Enhancing communication and information transmission by making affordable advanced telecommunications, computer networks and related advanced technologies more widely available in rural areas will promote rural economic development and make improve the opportunities for a better quality of life of rural residents.

The Mid-Nebraska Telemedicine Network operates with dedicated T1 lines connecting the hub sites at Good Samaritan Health Systems in Kearney, Nebraska, with five remote sites approximately an hour to an hour and one-half away. While the dedicated T1 lines provide the high quality of transmission that our physicians have deemed necessary to make a diagnosis, particularly for continuity of motion, the cost of the lines (approximately \$1,900 a month) may be prohibitive after the demonstration period of our project is over.

Another alternative that may be more affordable is found in ISDN, a reliable thoroughfare that transports information many times faster than analog telephone circuits and may be a cost-effective modality for rural areas. ISDN would not only handle the presently used telemedicine applications (interactive video and the store and forward modality) with high resolution and excellent motion handling capabilities, but also allow

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the means for the developing Community Health Information Network which will handle hospital admissions and process insurance forms, call up a patient's medical file and handle administrative functions between referring and receiving hospitals. In the future, an ISDN communications line would allow staff in a hospital setting to remotely monitor the condition of a patient at home. It would also facilitate the transfer of medical images, such as x-ray and ultrasound to a doctor's home or office, making remote diagnosis possible in many cases. Videoconferencing capabilities for health education purposes is also important to support rural health professionals isolated by geographic distances and in solo practice sites.

In designating areas as rural or urban, the HRSA existing classification system developed by the Office of Rural Health Policy seems appropriate. While the designation is based on Metropolitan Statistical Areas and divides counties into non-metropolitan and metropolitan, it also realizes that some metropolitan areas are very large and contain rural areas. This is also readily available data that could be easily accessed and is consistently applied throughout the country.

One concern that has been voiced relates to the Joint Statement, Section 254(h) [which] ". . . is intended to ensure that health care providers . . . have affordable access to modern telecommunications services that will enable them to provide medical . . . services to all parts of the Nation." Because the goal of the universal service provision is focused on fostering competition on a local level and guaranteeing a certain level of service, there may still exist considerable inequities among states in development of their infrastructure. Can there be some assurance that providers in all states will have a minimum baseline of technology available to them? It seems that there already are great inequities between states regarding the available infrastructure even in rural areas.

Because of the present time constraints, I am somewhat limited in the comments that I can make at this time, but would be glad to offer more if you should so desire.



Donna K. Hammack
Director of Grants and Special Projects